



APPLICATION FOR SHELLFISH IMPORT PERMIT FOR THE IMPORT OF LIVE AQUATIC INVERTEBRATES, EXCEPT INSECTS, INTO THE STATE OF WASHINGTON

Please complete this form.

APPLICANT INFORMATION

Company Name _____
Applicant Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Alt. Phone _____ Fax _____
Email _____

Species proposed for transfer? ☐ See attached list for complete species listings

Quantity	Common Name	Latin Name	Life Stage	
_____	_____	_____	<input type="checkbox"/> Adult	<input type="checkbox"/> Seed
_____	_____	_____	<input type="checkbox"/> Larvae	<input type="checkbox"/> Cultch
_____	_____	_____	<input type="checkbox"/> Adult	<input type="checkbox"/> Seed
_____	_____	_____	<input type="checkbox"/> Larvae	<input type="checkbox"/> Cultch
_____	_____	_____	<input type="checkbox"/> Adult	<input type="checkbox"/> Seed
_____	_____	_____	<input type="checkbox"/> Larvae	<input type="checkbox"/> Cultch
_____	_____	_____	<input type="checkbox"/> Adult	<input type="checkbox"/> Seed
_____	_____	_____	<input type="checkbox"/> Larvae	<input type="checkbox"/> Cultch

Geographic import source location. (specific body of water, state, country)

Describe proposed routes of transfer and conditions of transfer.

Geographic destination of import

(specific tideland, hatchery, aquarium, laboratory, educational facility, government facility, live holding facility, quarantine, etc.,)

Attach or describe the shellfish health history for the geographic source location.

This may include government reports and documents, literature, shellfish health examinations, by pathologist, and other credible documents (if applicable).

Attach shellfish disease free tissue certifications, by WDFW approved pathologist, which are representative of stocks proposed for import (if applicable).

Describe the purpose of the proposed import and the shellfish health risk associated with this import.

Attach or describe other information relevant to proposed transfer such as all responsible individuals involved with the transfer, special holding conditions, schematics and protocols of holding facilities, prior record of approved importations, etc.

Will this proposed import be used for any new enhancements of tidelands in Washington State?

Please list other authorized personnel that you would like included on the permit, if any.

Please complete this form, with **SIGNATURE** and **DATE**, and return to:

Brady Blake
Washington Department of Fish and Wildlife
Point Whitney Shellfish Laboratory
1000 Point Whitney Road
Brinnon WA 98320
Email: Brady.Blake@dfw.wa.gov
(360) 586-1498 ext. 223
Fax (360) 586-8408

Signature of applicant

Date of application

Any questions regarding the completion of this application should be directed to the Point Whitney Shellfish Laboratory. The applicant may be required to provide additional information to receive a WDFW Shellfish Import Permit.

RCW 77.60.080, WAC 220-72-085 and WAC 220-77-040 require all transfers to be accompanied by a permit issued by the Director of Fish and Wildlife or his agent.